



General Sanitation Division
1100 West 49th Street
Austin, Texas 78756
(512) 834-6635

Camping Season May 1, 2001 - April 30, 2002

Application to Operate a **RESIDENT YOUTH CAMP FEE - \$40.00** (Initial or Renewal)

Application to Operate a **DAY YOUTH CAMP - \$25.00** (Initial or Renewal)

Please make checks or money orders payable to the TEXAS DEPARTMENT OF HEALTH

PLEASE PRINT OR TYPE - ALL APPLICABLE QUESTIONS MUST BE ANSWERED

(Please Circle Initial or Renewal)

CAMP ID NO. _____ CAMP TELEPHONE: (____) _____

CAMP NAME: Changed From Last Year? YES ☐ NO ☐ _____

IF CAMP NAME HAS CHANGED; PREVIOUS NAME _____

NAME ON SITE DIRECTOR*: _____ PHONE NO. : (____) _____

*This person is the qualified director as defined in Sec. 265.12 (a) of the regulations

ADDRESS OF CAMP: _____ CITY, STATE _____

CAMP ZIP CODE: _____ COUNTY CAMP IS LOCATED _____

CAMP LOCATION (street address or map) Changed from Last Year? YES ☐ NO ☐ _____

SECONDARY CAMP LOCATION (wet weather site, etc. if applicable, street address or map): _____

LIST EACH SESSION DATES HOURS OF OPERATION AND CONTACT TELEPHONE NUMBER **MUST BE ON FILE** WITH TDH. IF YOUR SCHEDULE OR LOCATION CHANGES **AFTER** THIS APPLICATION IS MAILED, see *Schedule Change and Contact Information* form. LIST ONLY SESSIONS THAT MEET THE YOUTH CAMP DEFINITION, i.e. **ARE 4 DAYS OR MORE, ETC.** (attach additional sheet if necessary). **LIST CONTACT PHONE NUMBER THAT WILL KNOW THE LOCATION OF THE CAMPERS AT ALL TIMES CAMP IS IN OPERATION.**

	Opening/Closing Dates	Hours of Operation	<u>PHONE</u> r
1 st Session			
2 nd Session			
3 rd Session			
4 th Session			

CAMP AFFILIATION: (Circle) Private Church BSA GSUSA CFI YMCA YWCA ACA -Accredited YES ☐ NO ☐

Type of Governing Body: _____ Sole Proprietorship; _____ Assoc.; _____ Nonprofit Assoc.; _____ Corporation; _____ Partnership - Number of Partners _____; _____ State Operated.; _____ Nonprofit Corporation; _____ Other Political Subdivision; Other (Specify) _____

CAMP ID NO. _____ CAMP NAME: _____

MAXIMUM CAPACITY OF CAMP (# of Campers under 18 years old) AT ONE TIME: _____.

DOES YOUR ORGANIZATION HOLD ANY LICENSE ISSUED BY THE DEPARTMENT OF PROTECTIVE & REGULATORY SERVICES? YES _____ NO _____.

NEW CAMP: WHAT IS YOUR TOTAL ANTICIPATED ATTENDANCE FOR CAMPERS UNDER 18 YEARS OLD FOR THE UPCOMING CAMPING SEASON (INCLUDE ATTENDANCE ONLY FOR THOSE SESSIONS 4 DAYS OR MORE: _____). ANTICIPATED **PERCENT** FEMALE CAMPERS/YEAR _____, ANTICIPATED **PERCENT** MALE CAMPERS/YEAR _____, ANTICIPATED YOUNGEST CAMPER AGE _____, OLDEST CAMPER AGE _____.

EXISTING CAMP THAT OPERATED DURING THE **PREVIOUS CAMP YEAR** (MAY 1, 1999 - APRIL 30, 2000): TOTAL NUMBER OF CAMPERS UNDER 18 YEARS OLD, SERVED DURING PREVIOUS CAMP SEASON (INCLUDE ATTENDANCE ONLY FOR THOSE SESSIONS 4 DAYS OR MORE: _____). **PERCENT** FEMALE CAMPERS/YEAR _____, **PERCENT** MALE CAMPERS/YEAR _____, YOUNGEST CAMPER AGE _____, OLDEST CAMPER AGE _____.

DURING ANY SESSIONS OPERATING 4 OR MORE DAYS, DO YOU HAVE PROFESSIONAL(S) SUCH AS SOCIAL WORKERS, PSYCHOLOGISTS, OR OTHER MEDICAL SPECIALISTS, BESIDES FIRST AID SPECIALISTS, ON STAFF AND AVAILABLE TO ASSIST CAMPERS WHO HAVE SPECIAL NEEDS ____ Yes, ____ No.

TYPES OF ACTIVITIES (CIRCLE): ARTS & CRAFTS, CANOEING, WATER ACTIVITIES - (POOL OR LAKE), HORSEMANSHIP, FIELD SPORTS, WILDERNESS CAMPING, MOUNTAIN BIKING, ROPES COURSES, BICYCLING, ARCHERY, RIFLERY, OTHER _____

NAME OF LOCAL ORGANIZATION OR BRANCH IF APPLICABLE (i.e., YMCA BRANCH), LOCAL ORGANIZATION (i.e., Local Church), DISTRICT (i.e., BSA, GSA, District) etc., _____

LOCAL BRANCH ADDRESS _____ PHONE (____) _____

CITY, STATE, ZIP _____ FAX (____) _____

Pursuant to the provisions of the Texas Youth Camp Safety and Health Act, 63rd Legislature, 1973, codified in Vernon's Texas Civil Statutes as Article 4447-1 and in the Health and Safety Code as Chapter 141. We hereby make application for a license to establish, maintain and operate a youth camp in compliance with Texas Administrative Code 25 Chapter 265.11 - 265.24.

NAME OF CORPORATION, OWNER, OR PARTNERSHIP: _____

MAILING ADDRESS : _____

CITY, STATE, ZIP: _____ PHONE # (____) _____

SIGNATURE _____ PRINT/TITLE: _____

PRINT/NAME: _____ DATE: _____

PHONE (____) _____ FAX (____) _____ EMAIL ADDRESS: _____

____ SIGNATURE OF LEGALLY RESPONSIBLE PERSON SUCH AS AN OWNER OR SOLE PROPRIETOR, PARTNERS, CORPORATE CHIEF EXECUTIVE OFFICER OF THE BOARD OR PRESIDENT (AS ALLOWED UNDER ARTICLES OF INCORPORATION OR BY-LAWS), OR SIGNATURE OF A DULY APPOINTED DESIGNEE (see page 3). **THIS APPLICATION MUST NOT BE SIGNED BY A CAMP DIRECTOR OR MANAGER UNLESS HE/SHE CAN LEGALLY SIGN FOR THE CORP. OR ORGANIZATION, OR HAS BEEN APPOINTED AS A DESIGNEE.** (If signatures by more than one person are necessary for legality, attach additional sheets as necessary). All correspondence from this Department will be transmitted to this designee.

**Texas Department of Health
General Sanitation Division
1100 West 49th Street
Austin, Texas 78756**

Designee Appointment for Governing Body or Partnership
PLEASE PRINT OR TYPE

NOTE: THIS FORM ONLY NEEDS TO BE COMPLETED IF THE PERSON SIGNING THE APPLICATION FORM CANNOT LEGALLY SIGN FOR THE CORPORATION OR ORGANIZATION.

I (we) hereby designate (name) _____ ,

Title, _____ , Address: _____ ,

City, State: _____ , Zip: _____ ,

Phone #: (_____) _____ , Fax #: (_____) _____ ,

Email address: _____

as official representative (designee) of the organization or partnership _____ (Name of Organization or Partnership). The following Camp* _____ TDH, Camp Identification Number for existing camp _____

. **I understand that as licensee, the organization or partnership is ultimately responsible for maintaining compliance with the Texas Youth Camp Safety and Health Act and Rules and Regulations.** As a result of this designation, I (we) understand that the Department will send all correspondence to the designee for action as necessary. I (we) understand that I (we) will provided the Department with immediate written notice regarding any change to this agreement.

X

_____ Date: _____ **SIGNATURE** of legally responsible person, such as Chief Executive Officer of Governing Body or President, or Partner(s).**

PRINT above name: _____ Phone (_____) _____

TITLE above name: _____

Address _____ Fax (_____) _____ City, State _____ Zip _____ Email _____

* If the appointment is for all camps for a particular organization, state so here.

** All additional partners must provide their address, city, state, zip code, and phone number, and must also sign this agreement (MAKE COPIES OF FORM IF NEEDED).